

FILED FEB 27 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 517
Registrar's No. 583

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles Kuehner

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male
5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Kuehner

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 12th 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman
Park Dept.

11. Industry or business _____

12. Name Henry Kuehner

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Brinkmeier
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Kuehner

(b) Address 3273 Jamieson Ave.

17. (a) Burial (b) Date thereof 1-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cemetery
Kriegshauser Mortuaries

18. (a) Signature of funeral director _____
(b) Address 4228 So. Kingshighway Blvd.

19. (a) 1-21-42 (b) J. F. Bruck
(Date of local referral) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County 3
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3273 Jamieson Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan. day 18th
year 1942 hour 7:15 minute A.M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

Due to _____
Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (Means of injury)
23. Signature Ortho C. Kuehner M.D. (M. D. or other)
Address 31572 Parkway Date signed 1/19/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. O.C. Hansen

3157th Park Ave

10.30-12 AM 3998

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Reinhold A. Lehmann

Licensed Embalmer No.

3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.